

were repaired laparoscopically. ASA grade and pre-operative shock independently predicted mortality ( $p < 0.01$ ). ASA grade predicted morbidity ( $p < 0.01$ ). Patients with Boey Score of 0, 1, 2 and 3 had 0, 6, 55 and 100% mortality respectively.

**Conclusions:** Our 30-day mortality of 14.6% compares to published figures of 4–31%. Morbidity of 50% was higher than expected which may be due to definition or case mix. The development of guidelines for managing perforated ulcer would permit comparison of outcomes between centres. Future directions for improving care include management of sepsis and use of laparoscopic surgery.

#### 0482: DOES A RELATIONSHIP EXIST BETWEEN BLOOD GROUPS AND GASTRO-OESOPHAGEAL JUNCTIONAL TUMOURS?

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**Aims:** Many studies have been carried out to investigate the association of blood group antigens and disease. Cancers in general appear to be associated with group A and to a lesser extent group B. This study aimed to establish whether there is a positive association between inherited blood group antigens and the development of Gastro-oesophageal junctional (GOJ) tumours.

**Methods:** A retrospective analysis of a prospectively maintained database to identify all patients with GOJ tumours from 2000–2010. The blood groups and data on other risk factors were collected and compared with information from the Welsh Blood Service on the relevant catchment area. Statistical analysis was performed using the Chi squared test.

**Results:** 210 patients were diagnosed with GOJ tumour (79% male). Age range 31–89 years (mean 68 years). All patients were Caucasian. The distribution of blood groups within the patient cohort was comparable to that of the general population within the catchment area ( $p = 0.062$ –0.9).

**Conclusion:** There appears to be no association between blood groups and the development of gastro-oesophageal cancer. Larger scale studies will be required.

#### 0530: FAST TRACK UPPER GASTROINTESTINAL SURGERY – A SYSTEMATIC REVIEW

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**Aims:** The aim of this systematic review was to evaluate the feasibility of fast track surgery in upper gastrointestinal surgery.

**Methods:** A systematic review was performed by searching EMBASE, Medline, PsycINFO and Cochrane Library. The search strategy included the keywords: fast track, enhanced recovery and multimodal rehabilitation/optimization/perioperative care. We included all original studies and classified them according to the 17 fast-track interventions proposed by the Enhanced Recovery After Surgery Group. The primary endpoints were median length of hospital stay (LOS), readmissions, morbidity and mortality.

**Results:** 13 studies reporting on a total of 1621 patients were found: 2 randomised control trials and a case-series in gastric surgery; 2 case-control studies and a case-series in hepatic surgery; 2 case-series in oesophageal surgery; 2 case-control studies and 3 case-series in pancreatic surgery. The highest number of interventions implemented in gastric, hepatic, oesophageal and pancreatic surgery were 13, 15, 5 and 12 respectively. In all types of upper gastrointestinal surgery studies demonstrated a reduction in median length of stay ranging from 2–6 days, without an increase in readmission rates, morbidity and mortality.

**Conclusions:** Initial studies show that fast-track surgery is feasible and may reduce length of stay. However, high quality studies are required.

#### 0552: AN AUDIT OF THE USE OF PET-CT AND FITNESS ASSESSMENT IN PATIENTS WITH OESOPHAGO-GASTRIC CANCER

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**Aim:** Accurate staging in oesophago-gastric (OG) cancer is essential for patients considered for radical treatment. National guidelines recommend that Positron Emission Tomography Computed Tomography (PET-CT) be performed in all OG cancer patients without CT evidence of metastatic disease and who are deemed fit for curative treatment. This study assessed adherence of the upper gastrointestinal (UGI) cancer multi-disciplinary team (MDT) to this audit standard.

**Methods:** A retrospective review of prospectively kept MDT records was performed for consecutive patients with OG cancer discussed at the central MDT between July 2008 and July 2010. Data collection included investigations performed, treatment outcomes and patient fitness.

**Results:** 102 MDT meetings discussed 460 patients with OG cancer of whom 241 were primarily considered for curative treatment. Of these, 3 patients did not undergo PET-CT and reasons for this were unknown. 24 patients (10.0%) were subsequently considered unfit for curative treatment. The audit target was met in 214 patients (88.7%).

**Conclusion:** Adherence to national PET-CT guidelines by the UGI MDT was good. Unnecessary PET-CT staging was performed in a number of patients ultimately deemed unfit for curative treatment. Early fitness assessment in the treatment pathway could improve compliance with national guidelines.

#### 0553: AN AUDIT OF STAGING INVESTIGATIONS FOR PATIENTS UNDERGOING CURATIVE TREATMENT IN OESOPHAGO-GASTRIC CANCER

Srikant Ganesh, Emily Hotton, Natalie Blencowe, Robert Whistance, Jane Blazeby, Sean Strong. *University of Bristol, Bristol, UK*

**Aim:** Current guidelines recommend the use of Positron Emission Tomography Computed Tomography (PET-CT) in all fit patients with oesophago-gastric cancer (OGC), as part of the staging process. This study assessed investigations performed on recommendation of the upper gastrointestinal (UGI) cancer multi-disciplinary team (MDT) in patients scheduled for curative treatment. Unnecessary investigations were defined as those undertaken in patients ultimately deemed unfit for curative treatment.

**Method:** A review of MDT records was performed for consecutive patients with OG cancer discussed between 2008 and 2010. Details of all staging investigations and final management decisions were evaluated.

**Results:** 460 OGC patients were discussed. 241 were initially considered for curative treatment of which 24 were subsequently considered unfit. In these patients, 31 unnecessary investigations were performed including 18 endoscopic ultrasounds (75.0%), 4 second CT scans (16.7%), 5 staging laparoscopies (20.8%) and 4 additional investigations (16.7%).

**Conclusion:** Unnecessary staging investigations could have been avoided in approximately 10% of patients with cost saving implications.

#### 0581: COMPLICATIONS AFTER BARIATRIC SURGERY

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**Aim/Objective:** To audit outcomes of bariatric surgery at North London Obesity Surgery Service (NLOSS). Participants: All patients who underwent elective bariatric surgery at NLOSS between January 2007 and October 2011

**Main Outcome Measures.** Mortality, overall un-planned readmission, median length of stay in hospital according to type of operations, gender and age.

**Methods and data collection:** A retrospective analysis of patient outcomes was performed using 4-year discharge data. Of 463 patients, 313 were Laparoscopic Roux-en Y Gastric Bypass (67.6%), 129 Gastric Band (57.8%) and 21 sleeve gastrectomy (5.4%). The patients for every procedure were divided into three age groups, 17–40 years, 41–60 and older than 60 years old. We examined these three procedures separately and compared mortality rates, median length of admission, and readmissions by age and gender.

**Results:** The overall mortality rate was 0.86. The median length of stay for gastric bypass and band was 4 days (0–34) and 2 (0–7) respectively and the unplanned 28 day readmission rate was 10.8% and 8.7% respectively.

**Conclusions:** Our statistical results were similar to international guidelines, with no significant difference with literature references.

#### 0758: REMISSION OF TYPE 2 DIABETES FOLLOWING ROUX-EN-Y GASTRIC BYPASS ACCORDING TO NEW GUIDELINES

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**Aim:** Bariatric surgery is considered a long-term solution to the rising incidence of Type 2 Diabetes (T2DM) secondary to obesity, with a meta-